INFORMATION TO APPLICANTS FOR A CERTIFICATE OF APPROPRIATENESS

CITY OF GREENVILLE NORTH CAROLINA

The Historic Preservation Commission meets on the fourth Tuesday of each month at 7:00 p.m. in the Council Chambers of the City Hall, located at 200 W. Fifth Street.

All applications for a Certificate of Appropriateness are due in the City of Greenville Planning and Community Development Office (Phone (252) 329-4498), located at 201 West Fifth Street, *twenty* (20) working days prior to the meeting of the Historic Preservation Commission at which the application is to be considered.

This application is to be used for the following types of procedures:

| Alteration: Addition: Restoration: | Changes to exterior appearance of existing structure. Construction of new portion to existing structure. Changes to exterior of existing structure designed to restore earlier | | | | | | |
|--|--|--|--|--|--|--|--|
| | appearance. | | | | | | |
| Reconstruction: | Construction of new freestanding building designed to replace forme building. | | | | | | |
| New Construction | Construction of new freestanding building. | | | | | | |
| Demolition: | Removal of an existing building or a portion of an existing building. | | | | | | |
| Moving: | Removal or placement of a building or portion of a building to be relocated. | | | | | | |
| Environmental: | Changes to or addition of environmental features including fences, pavement, etc. | | | | | | |
| Other: | Any other work which will visually change the appearance of the structure or the district. | | | | | | |
| All applications m | oust be accompanied by the following information, otherwise they will not | | | | | | |
| _ | oject Description Photographs | | | | | | |

It is recommended that you consult with the City Building Inspections Office (Phone (252) 329-4466), located at 201 West Fifth Street, prior to submitting any plan to be assured of their technical acceptability. The City Zoning Administrator (Phone (252) 329-4486), may be contacted regarding setbacks for new construction and additions.

Scaled Drawings/Elevations

If you are unsure which guidelines and standards apply to your project, please contact the Department of Planning and Community Development at (252) 329-4498.

Your attendance or that of your authorized representative is required at the meeting of the HPC at which the application will be considered. You must give written permission to your authorized representative to attend the hearing on your behalf.

CITY OF GREENVILLE

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Plot Plan

Signatures of Applicants (s)

APPLICATION FOR A HISTORIC PROPERTY CERTIFICATE OF APPROPRIATENESS

| | | THIS SE | CTION FOR STAFF USE ON | LY | | |
|------|--|--------------------------|--|---------------------------------|--------------------|------------|
| OA # | Parcel # | NR # | Date Received | Date Com | plete: | |
| | Meeting Date | APO sen | t | _ FOF | | _ |
| | description | ☐ plot plan | scaled drawing | ng pho | tos 🗌 | APO list |
| | I (We) the undersigned do and proposals: | hereby respectfully make | e application for a Certificate | of Appropriateness fo | r the follow | wing plans |
| | 1. APPLICANT INFOR | RMATION | | | | |
| | Name: | | Address: | | | |
| | Telephone (home): | | (business) | | | |
| | Location of Property: | | | | | |
| | 2. EXISTING CONDIT | TIONS: | | | | |
| | Current Use : | | Previous Renovations | | | |
| | | | ropriateness required by the owing (check): | laws of North Carolina | and the C | Ordinances |
| | Alteratio | n Addition | ☐ Restoration | ☐ New (| Constructio | on |
| | Recons | truction | ☐ Demolition | ☐ Environment | Othe | r |
| | | ny other materials may b | description of the project, pe supplied to assist the Com | | | |
| | Exhibit A: Exhibit B:Plot Pl | Detailed Description | Exhibit D: Exhibit Photog | t C:Scaled Drawings/E traphs | levations | |
| | | | rized representative is req | | | |
| | | | plication is to be considere he hearing on your behalf. | ed. You must give wi | <u>ritten pern</u> | nission to |
| | | | | | | |
| | Applicant's Signature | Date | Additional Applica | nt's Signature | Da | te |
| | | FC | OR STAFF USE ONLY | | | |
| | This Certificate of App | | APPROVED/APPROVEI | WITH CONDITIC | NS/DEN | NIED. |
| | _ | nmission Secretary | | Date | | |